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Neuropsychiatric symptoms and Quality of Life in patients with very mild and mild Alzheimer`s disease

Background

- neuropsychiatric symptoms (NPS) are common manifestations of Alzheimer`s disease (AD). These symptoms are closely related to the underlying brain pathology (Cummings 2000)
- the main focus in the care of patients suffering from AD is to promote their well-being and maintain an optimal quality of life (QoL)

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Background

- the aim of the study was to examine the prevalence and significance of neuropsychiatric symptoms in patients with either very mild or mild AD, concentrating on their influence on the well-being of the patients and caregivers in a prospective, controlled rehabilitation study

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Study subjects and methods

- the participants were 240 patient-caregiver dyads living in three municipalities in Finland who were participating in a prospective, controlled rehabilitation study called ALSOVA
- the participants were recruited during the first year after the AD diagnosis and then followed up regularly
- inclusion criteria for the patients were 65+ years of age, very mild (Clinical Dementia Rating, CDR 0.5) or mild AD (CDR 1.0), informed consent and a family caregiver (spouse, sibling, child or other relative)

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Study subjects and methods

- AD was diagnosed by a geriatrician or neurologist
- all patients went thru diagnostic evaluation including brain imaging
- patients were then invited to a baseline study visit which included:
 - > patient and caregiver interview by the study nurse (socio-demographic details; age, sex, education, living arrangements, income and activities, and general health; other diseases, use of the drugs)

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Study subjects and methods

- cognition was evaluated using the Mini Mental State Examination (MMSE)
- the severity of the disease was rated using the Clinical Dementia Rating (CDR)
- the ADCS-ADL interview of the caregiver was used to evaluate activities in daily living
- the 12-item Neuropsychiatric Inventory (NPI) (caregiver interview) was used to assess behavioral and psychological problems

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Study subjects and methods

- depressive symptoms were assessed by using the 21 item Beck Depression Inventory (BDI) rated by the patients
- three QoL instruments were used:
 - > generic 15D
 - > disease-specific QoL-AD
 - > VAS (visual analog scale, rating from 0 to 100)

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Results

- the mean age of the participants was 75.1 years
- 51.3% were female
- most patients (70%) were married and living with a spouse
- the mean MMSE was 21.5 and 34% had very mild AD (CDR 0.5)
- neuropsychiatric symptoms were present in 76.5% of patients with very mild AD (CDR 0.5) and in 84.9% of patients with mild to moderate AD (CDR 1.0). The most frequent symptoms were apathy, depression, irritability and agitation

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Results

- the strongest predictor of self-reported QoL-AD scores was depressive symptoms whereas functional decline and presence of NPS predicted poor caregiver ratings of patients` QoL
- caregiver depression also influenced significantly their ratings

KEY POINTS

NPS are common even in the early stages of AD. The most frequent symptoms are *apathy, depression, irritability and agitation*

Patients define their QoL in terms of emotional well-being and general health. Depressive symptoms are the strongest predictor of poor self-reported QoL-AD



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Caregivers define the QoL-AD of the patients with the emphasis on physical and functional aspects. Functional decline and presence of NPS predicts poor caregiver ratings of patients QoL

Caregiver depression is associated with the presence of NPS and it also significantly influences their rating of the patient`s QoL

Depression decreases QoL, but may remain unrecognized in AD patients, emphasizing the need for careful and structured



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assessment of NPS before deciding on the appropriate treatment

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Thank you !

